## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0648		OI TIME KI	•	E OF DEATH	ORE, MAKILAND 21201	064	-	
	0	LACE OF DEATH COUNTY	Careli		MARYLAND	o. STATE Mar		Carel	ine	
)00		Rural	outside corporate limit		40 Yrs.	c. CITY OR FOWN (IF o	utside corporate limits, write RU <b>Denten</b>	0.	5-1	
00	d	NAME OF HOSPIT	AL OR INSTITUTION (IF n	ot in hospital, g	ve street address)	d. STREET ADDRESS	one		ON A FARM?	
) [	D	AME OF ECEASED ype or print)	Garfiel	irst .d	Middle <b>Bi</b> ]	brough	4. DATE Mon OF DEATH 5	th Doy 28	Year 19 <b>67</b>	
	5. 5	Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12-23-18	9. AGE (In years last birthdoy) 83 yrs.	Months Doys	Hours Min.	
9	durin	g most of working	(Give kind of work done life, even if retired) <b>DOT</b>	10b. KIN	ID OF BUSINESS OR DUSTRY	Maryla		12. CITIZEN OF COUNTRY? USA	TAHW	
	13.	Samuel	Bilbre	igh		14. MOTHER'S MAIDEN	therine Alw:	ine		
	15. (Yes	WAS DECEASED EVE no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	16. S	OCIAL SECURITY NO. 17 5-44-6656	Mary Faithful Greensbero, Md.				
		PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)		nary Occlu	sion		RVAL BETWEEN ET AND DEATH	
		Conditions, if ony rise to immediat stating the under lost.	, which gove e cause (o),	(b)	Arte	riosclerot	ic C.V.Dise	ase		
3	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. YE	WAS AUTOPSY PERFORMED? S NO	
	8	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	). (Enter noture of injury in	Port I or Port II of item 1B.)			
	MEDICAL	20c. TIME OF INJU Hour our	JRY Month, Doy, Year n. 19	2Dd. fN While of work	Not While fo	LACE OF INJURY (Home, far actory, street, office bldg., etc		(County)	(Stote)	
		21. I certif	<b>fy</b> that (I) (this has eceased alive an <u>N</u>	pital) attend	ed the deceased fram_	June 5, at death accurred a	19 <u>66</u> , ta <u>May 2</u> tM, fram causes	8 , 19 <b>67</b> , the	at (I) (we) la stated aba	
,		22a. PHYSICIAN'S	erle F	Due	Y	A.D. ATTENDING PHYS. 22d, ADDRESS	MED. STAFF PHYS.	22b. DATE SIGNE May 30		
1	230	NAME (Type) BURIAL, CREMATIC	quari		Stonesifer,		eensboro, M			
P	2001	REMOVAL (Specify	1							
31	24(	FUNERAL DIRECTO		67	Greensbor	2So. REC	Greensbo	EGISTRAR'S SIGNATUR	udgl	

\* \*\*

smill enleaded (Small Limber

.or ,capage or late that man oddawn-15

r) 9

**型**源差别的

7 1 - 1-

1 1-

4.

Series consensus consensus to 15-15-2 Limbb

farm

With

Office olong

d "pending" in pencil in Chief Medical Exominer's

in Item 18. Give Pages

be executed within 24 hours ofter death.

This certificate should the certificate, writing the word

CAL EXAMINER:

TO DEPUTY MED

should be forwarded to the

06483

deot hours Stote the on 2 win any sabod E permit. removol 0 cremotion, 0 buriol, ogent, prior ta 3 should

FUNERAL DIRECTOR: Poge Health or its designated 50

VR A15ME 67

PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, if institution: Residence before admission) a. COUNTY Caroline Maryland b. COUNTY Careline MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN fb c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) 6 Menths d. STREET ADDRESS Greensbere d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? Christopher Nursing Home П NO None 3. NAME OF Middle 4 DATE Day Year DECEASED May 19 67 (Type or print) DEATH Calbarn Henry IF UNDER I YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH birthday) Female Haurs White 9-18-1914 WIDOWED DIVORCED fl. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT INDUSTRY None durant part of working like even if retired) USA ? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Anthony Rella Smith WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, w. or unknown) (If yes give war or dates of service) 216-09-7792 Albert N. Henry Denten, Maryland 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac decompensation chronic with bleft ventricualr Dilatation &hypertrophy Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying cause (c) Generalized arteriosclerosis 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Hvpertthyroidism NO: 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth. Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x Inquiry x and in my apinian Natural causes death resulted fram: Accident | Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5/8/67 **EXAMINER'S** Harold B. Plummer Address (Street, city, tawn, ar caunty) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 5-10-67 Denten Denton, Maryland ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

THE SHARE THE SAME

durates, and the training of the state of th

COLL ST.

MARYLAND STATE DEPARTMENT OF HEALTH

06484	CERTIFICATE	OF DEATH		05471
1. PLACE OF DEATH O. COUNTY OFROLDHE	MARYLAND	2. USUAL RESIDENCE (Where o. STATE) ORYL	deceased lived, if institution b. COUNTY	
CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN LIF outside of	Orporote limits, write RURAL	LLS BORD
"a". NAME OF HOSPITAL OR INSTITUTION (If not in haspite	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WILLIAM	ALBERT	COLLENS !	DEATH MONTH	1 17 0 )
S. SEX 6. COLOR OR RACE 7. MARRII WIDOWI	ED DIVORCED C	JULY 7, 190	3 (ast highday) A	FUNDER 1 YEAR   IF UNDER 24 HRS. Norths Days Hours Min.
during most at working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	y Lun Na	12. CITIZEN OF WHAT
13. FATHER NAME CET T. C.		NETTLE	E WARNI	R
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NO (d. all	ert Collin	Hellow
IB. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).) Let astases t	r cerelial	contex	INTERVAL BETWEEN
Conditions, if any, which gave (b)	aresuma of	the lus	9	1963
stoting the underlying cause last.	/		1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part I	or Part II af item 18.)	
Haur a.m. W		E OF INJURY (Home, form, pro-street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this has to) att	4.1	deoth occurred of 6	M, from lauses an	d on the date stated above
220. SIGNATURE	u M.D		TOR PHYS.	226. DATE SIGNED 196
22c. PHYSICIAN'S NAME (Type) KURT LEI	DERER	22d. ADDRESS.	V ANNE	MD.
230. BURIAL, CREMATION, 23b. DATE THEREOF MAY 30, 196	23c. NAME OF CEMETERY OR C		3d. LOCATION (City or Town)	ORO MD.

REC'D BY REGISTRAR

2So.

REGISTRAR'S SIGNATURE

Judge.

256.

196

ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carban papers. Pages I and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, with the State Dept. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate Lie executed within 24 hours after deuth. Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96485	CERTIFICATE OF DEATH	06472
	DNE MARYLAND OF DORY LA	b. COUNT PROLEME
K. CHY OR TOWN (If outside carparate limit write TURAL and give heades Hown)	TON life KURAL	ote limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL OR NSTITUTION (If n	at in haspital, give street address d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	irst TAYLOR JOST DEATH	Month Say Year 7
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED   B. DATE OF BIRTH   WIDOWED   DIVORCED   NO V 12, 1893	9. AGE (In years lost bubday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of wark done during nost of working life, even if repried)	INDUSTRY MORY LO	COLUMN TRYOUT
13. ATHER'S NAME HENRY	JORP M. MOTHER'S MAIDEN NAME ET	LENTAYLOR
IS. WAS DECEASED EVER IN U.S. ARMED FORCISS (Yes, no, or upknown) (If yes give war ar ardies	of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	Topp Danlow
IB. <b>QAUSE OF DEATH</b> (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Pulmonour Emphreams	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave	Pulmonary Fibrosis	
rise to immediate cause (o), stating the underlying cause last.	Generalizaed Arterioso	clerosis
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV.	YEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF FITHER NOTICE MEDICAL FXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Po	ort II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	20d. INJURY OCCURRED While Nat While at wark a	(City or tawn) (County) (Stote)
	spital) attended the deceased from ADP - 20 , 19 67,	ta $\underline{\text{May 8}}$ , 19.67, that (1) (we) las M, from causes and an the date stated above
220 SIGNATURE	ATTENDING MED. DIRECTOR	STAFF 22b. DATE SIGNED May 9,1967
/ PHYSICIAN'S NAME (Type) Charl	es H. Stonesifer, M.D. 22d. ADDRESS Greens	borc, Md.
23p. BURIAL, (REMATION, 123b. DATE TO REMOVAT (Specify)	IEREOF 967 23c. NAME OF CEMETERY OR CREMATORY 23d 1	OCATION (City or Tawn) (Caunty) (State)
24. FUNERAL DIRECTOR	MOORE OFFICE DATE DATE	RAP SEP 256. PROPERAR'S SUNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the travelal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the half should be delicated burial, cremation, ar removal, and in any event, within 72 hours after-death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06486

CERTIFICATE OF DEATH

06479

1.	PLACE OF DEATH o. COUNTY						Where deceased live		Residence before	odmission)
	Ca	reline		MARYLAN	D O. STAT	Mar	yland	b. COUNTY	Carel	line
		If outside corporate limits,	c. LEN	GTH OF STAY IN 1	c. CITY OR		tside corporate limit	s, write RURAL	and give neorest	town)
B		give negrest town)	1	week		R	idgely		20.1	
		AL OR INSTITUTION (II not in I			d. STREET		0//		e	IS RESIDENCE
	N	one					None		У	ON A FARM?
	NAME OF DECEASED (Type or print)		Elizab	Middle Qui	mby las	if	4. DATE OF DEATH M	ay 20	Day	Year 19 <b>67</b>
S.	Female .	7775 A A	MARRIED   I	NEVER MARRIED [ DIVORCED [	3. DATE OF		1902 9. AGE		UNDER I YEAR	Hours Min.
		(Give kind at work done	10b. KIND OF B	USINESS OR	11. BIRTH	PLACE (County )	& State, or lareign co	untry)	12. CITIZEN OF	WHAT
du	rice most al warking Housewi	ita even il retired)	INDUSTRY	None	M:	aryla	nd		12. CITIZEN OF COUNTRY?	J.S.A.
_	FATHER'S NAME					ER'S MAIDEN N				770 722 0
		No Record				Dai	sav Pri	bbitt		
15	. WAS DECEASED FVE	CSECULAR DEMAND SUBJECT	16. SOCIAL S	ECURITY NO. T	17. INFORMANT	244	- 111	Address		* 3
()	es no, or unknown)	(If yes give war or dates af serv	ical	34-9248		Mar	y Breen	ding	Greens	d. sbore
		ATH (Enter anly one cause pe	r line for (a), (b),	and (c).)						RVAL BETWEEN
	PAKI I. ULA	TH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)		Cor	onary T	hromi	oosis		UNSI	ET AND DEATH
	4201	DUE TO								
	Canditions, if any			Art	erioscl	eroti	Lc C. V.I	is.		
	rise to immediat stating the under			wi t	h Hyper	tensi	on			
	last.	) (c)_			7 4	24772	- ~ 4.1			
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATER	TO THE TERMINA	L DISEASE CON	IDITION GIVEN IN PA	ART I(o)	19. V	WAS AUTOPSY PERFORMED?
L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCU	RRED. (Enter nature	of injury in I	Part I or Port II of i	tem 18.)		
MEDICAL	20c. TIME OF INJU Hour a.r p.r	t n		CCURRED 200 at While 1	e. PLACE OF INJURY factary, street, of			or tawn)	(County)	(State)
	saw the de	y that (1) (this haspital	) attended the y 19		m_NOV. that death ac					at (I) (we) last stated above
(	220 SIGNATURE	ules HT	Huer	efer	M.D. ATTENDI	X		TACC	12b. DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type)	Charles		sifer,	M.D.	DDRESS Gre	ensboro	, Md.		
23	o. BURIAL, CREMATIC	ON, 236. DATE THEREOF	23c.	NAME OF CEMETER	Y OR CREMATORY	- 1	23d. LOCATION	(City or Town)	(County)	(Stote)
	Burial Specify	5_23-6	7	Hely C	ress		Gre	ensbor	o. Md.	
4	A. FUNERAL DIRECTO			ADDRESS	_	2So. REC'D	8Y REGISTRAR	25b. REGIST	RAR'S SIGNATURE	1.0
1	L.E B	- 17 )	G	maanch	mo. Md	LANKY .	0 6 4007	ocho	ulay Jus	7

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. within 72 hours ofter de TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fund director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I he should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 74 hours after de VR A15 (4) 25M 1/67

1		1837		
	bandyzell		salisaso	
	clesali	Steel S	enediasent feart	
	enek		Тодо	
	Day 10			
	. 25, _9/4 E5	me7. C	stide plant	
	has Lyne II	egct.	642-man	
	Dalest Tribble		Po Renord	
the contract of the contract o	NAME OF TAXABLE	as agreements.	lia .	
	. 1.7. 01 15			
V T		7		
7-1				
.27 , 22		NELP STUD	and a second	
			The September 1	

1-5 F

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 0F 06488 papers Pages I and 2 hin 72 hours after death. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b COVIU MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN TOWN (If outside corporate limits) write RURAL and give negrest town ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours f Iled in IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO N completely the carbon provided with 3 NAME OF Middle 4 DATE First Year DECEASED (Type or pnnt) DEATH 5 SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS & EOLOR OR RACE NEVER MARRIED remove Hrist birthdoy) Months Days Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13., FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remanal, attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or waknown) If if yes give wor or dotes of service IB. CAUSE OF DEATH (Enter only one couse per-tipe for (a), (b), and (c)) signed by the burial-transit PART I. DEATH WAS CAUSED BY (MMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions if any, which gove nse to immediate couse (a), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health priar ta has been WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO N TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour am. foctory, street, office bldg., etc.) While Not While 21. I certify that (I) (this haspital) attended the deceased director, page 3 shauld shauld be filed with the 196 and that death accurred M, fram causes and on the date stated above. saw the deceased alive an 22o. SIGNATUR MED. DIRECTOR STAFF MD PHYS 22d. 22c. PHYSICIAN'S NAME (Type 238 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or, Toyen (Stote) VR A15 (4)

20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detained for use as the burial-transit permit. Then please remove carbon papers. Pages 1 And 2 should be filed with the State Dept. of Health prim to burial, cremation, or removal, and in any event, within 72 hours after death.

3

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF ATTE OF DEATH OF ATTE 001.00

_	10405			CENTIFICAL	C OL DEWILL		00310
1.	PLACE OF DEATH					E (Where deceased lived, If Institution: I	Residence before admission)
	a. COUNTY Ca	roline		MARYLAND	a. STATE	Marvland b. COUNTY Ca	aroline
	b. CITY OR TOW	N (if outside corporat	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAI	and give nearest town)
	write RURAL Federals	and give nearest tow burg - Kura	m) = 1	40 years		alsbur - Rural	
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (if not In I	ospital, give street address)	d. STREET ADDRESS	4 1 2 12	e. IS RESIDENCE ON A FARM?
	Brid	geville Roa	ad		Bridge	eville Road	YES NO X
3.	NAME OF DECEASED		st	Middle	Last	4. DATE Month	Day Year
	(Type or print)		ARENCE	GARRISON	TAYLOR	DEATH PLAY	27 1967
	SEX		7 MARRIED	IN I METER MARKIED	B. DATE OF BIRTH	9. AGE (In years   IFUNDER	Days Hours Min.
_	Male	White	WIDOWED	DITOROLD [	May 15, 1904	† () 5 yrs.	
dine	In a most of works	mer life over 16 retire	45   1	(IND OF BUSINESS OR NDUSTRY		C	OUNTRY?
			arylan	Plastics, Inc	1	County, Del.	USA .
13.	FATHER'S NAM	_			14. MOTHER'S MAID	ie Smith	
		G. Taylor					
15 (Ye	. WAS DECEASED E	EVER IN U.S. ARMED FO (If yes give war or dates o	(service)		INFORMANT	Address	
	Ne		2	13-03-9667   Mr	s. Virgie Ta	aylor, Federalsburg	g, Md.
	18. CAUSE DF	DEATH [Enter only on	e cause per	line for (a), (b), and (c).]	/	10000	INTERVAL BETWEEN ONSET AND DEATH
	PART I. OE	ATH WAS CAUSED BY IMMEDIATE CAUSE		acure M	ryocerce	la empersion	77
		OUE	TO			•	12 hrs
	Conditions, If		(b)				TO III B
	gave rise to cause (a), st		TO				
_	underlying caus		(c)				
10	PART II. OTHER S	IGNIFICANT CONDITION	NS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA							YES NO
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING DEAD CAUSE OF DEAD FOR MEDICAL EXAMIT	2Db. TH VER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury in Part I or Part II of Item 18	3.)
		NJURY Month, Day,			CE OF INJURY (Home, fa		unty) (State)
MEDICAL	Hour a.n		While	I I NOT WILL I'M	ry, street, office bldg., et	(c.)	
Σ	9. Leartif		at wor	k at work  led the deceased from	5-27-67 19	5-27-67 <sub>19</sub>	, that (1) (we) last
		eased alive on		_6.79 and that		:45 M, from the causes and on	the date stated above.
	22a SIGNATUR		10	//		22b.	DATE SIGNED
	Stra	ule M.	Can	derson MI	ATTENDING X	MED. STAFF   May	29, 1967
	22c. PHYSICIA				22d. ADDRESS		
	NAME (Ty	Frank M.	Ander	son, M.D.	Federal	shurg, Haryland	
238	BURIAL, CREM	ATION, 23b. DATE		23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
	REMOVAL (Spe	May 2	9,1967	Hill Crest (		Federalsburg, Ma	
24	FUNERAL DIRE	CTOP ramatous	41	ADDRESS	1	O'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
J		aptom And S	bh, Fe	deralsburg Mar	DATEJU	IN 6 1967 Mlian	les Judge

AI5 (4) M I/65

1, 1 2 11

---

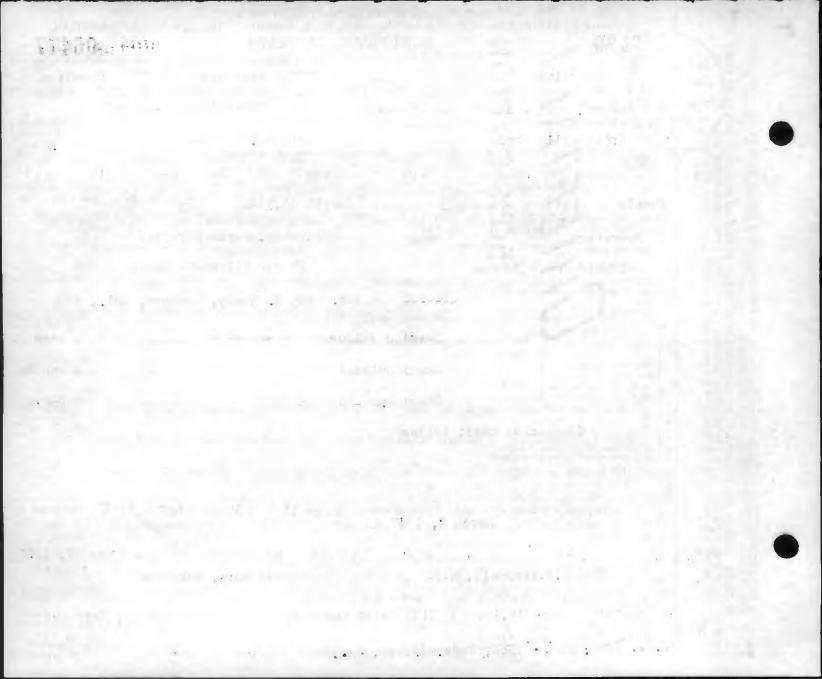
MARYLAND STATE DEPARTMENT OF HEALTH								
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI	LTIMORE 1, MARYLAND						
196490	CERTIFICATE OF DEATH	DEAT						

	30430			CERTIFICA	IE UF DEAL	П			6411
1.	PLACE OF BEAT a. COUNTY				2. USUAL RESIDER		h 00110		nce before admi
	C	aroline		MARYLANO	a. STATE M	aryland	b. cour	Car	oline
	b. CITY OR TOW	/N (if outside corporat	e limits,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (	If outside cor	porate limits, wr	Ite RURAL and	give nearest t
	Feder	/N (if outside corporat and give nearest tow alsburg - R	ural	75 years	F	ederals	sburg - F	lural	151
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in i	ospital, give street addres	s) d. STREET ADORES	ŝ			e. IS RESIO
	Brid	geville Roa	d		Bridgev	ille Ro	pad		ON A FAR
3,	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Monti	1 0	ay Year
	(Type or print)	JAN	-	TODD	WHITE	DEATI	H May	16	19 67
	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. OATE OF BIRTH	9.	AGE (In years	IFUNOER 1 YEA	
F	emale	White	WIDOWED		April 14,18	74	last birthday) 93 vrs.	Months Oay	Hours
0a	USUALOCCUPA	FION (Give kind of work	ional 10h I	CINO OF BUSINESS OR	11, BIRTHPLACE (		Jis.	)   12. CITIZE	N OF WHAT
ar	Ing most of work	ding life, even if retired	1)	NOUSTRY	Ridgeway,	North	Carolina	COUNT	
3	FATHER'S NAM			Home	14. MOTHER'S MA		Carolina	03	23
		-					eth Burn		
15		rd Henry Bo				ETTEG			
Ye	s, no, or unkown)	EVER IN U.S. ARMEO FOI (If yes give war or dates of	(CES?   16.		7. INFORMANT		Addre		
	No			M	rs. Mary E.	Handy,	Seaford,	Del.,	RFD
Ī	18. CAUSE OF	<b>DEATH</b> [Enter only one	cause per	line for (a), (b), and (c).]					TERVAL BETW
ı	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Cardiac Fai	lura			0	2 days
1	170X				1016				Lunga
1	Conditions, If	OUE '	(b)	0115					2
1	gave rise to	Immediate (		Carcinomito	51.5				3 month
-1	cause (a), s underlying caus	and land							
5			NSCONTRIB	Carcinoma - UTING TO DEATH BUT NOT RE	DECASE HATED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1/a)   1	9. WAS AUTO
					THE TANKE		0111011 411 121 111		PERFORME
2	OD- ADDIOCHT	Congestive Was underlying	heart	failure	ALIDO FO. (F. b.	of falls or to D			YES NO
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF OFAT	H 200.	OESCRIBE HOW INJURY OC	CURRED. (Enter nature	or injury in P	art I or Part II o	r item 18-)	
0									
MEDICAL	20c. TIME OF Hour a.i	INJURY Month, Oay, 1		NJURY OCCURRED   20e. P	LACE OF INJURY (Home, ctory, street, office bldg.,	farm, 20f.	(City or town)	(County)	(Sta
1		m. 19	While at wor	Not while					
	21. I certif	fy that (I) (this hosp		led the deceased from	March 11	19 60 to	March	8 19 67	that (I) (we)
		ceased alive on	March	8, 19967, and th	nat death occurred at	M fr	om the causes	and on the d	ate stated al
	22a. SIGNATU	RE					on the educed	22b. DATE	SIGNEO
		1m1.	4 -	-00.	A.O. PHYS.	MEO. DIRECTOR	STAFF PHYS.	Mass	17, 196
-	22c, PHYSIC1/	AN'S	The		22d. ADORESS	UIKEGION L	FRIS.	1 12cs y	119 175
i	NAME (T	ype) H.R. Trap	neIl,	M.D.		sburg,	Maryland	i	
23a	. BURIAL, CREM	MATION, 23b. DATE T	HEDEOL	23c. NAME OF CEMETE	DV OD CDEMATORY	1 224 11	CATION (City, to	wa or county)	(State
	REMOVAL (Sp	eclfy)					,		
24	Burial FUNERAL OIR	May 19	130/	Hill Crest		FC'O BY BECL	deralsbu	rg. Mar	Vland
276	/from T	Trawolow H	2-						
J	J.J. FIR	mptom and /9	on Re	deralshura M	DATE	IIIN 1	1967	Milarla	1 Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1, and 2 should be filed with the State Dent of Health prior to burial, remation, or removal, and in any event, within 72 hours after Beath.

5 (4) VR A15



3

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
06491
CERTIFICATE OF DEATH

	0043	l.		CERTIF	ICATI	E OF DEATH				164	78
1.	PLACE OF DEAT			and any opposite		2. USUAL RESIDENC		h COUN		idence befor	e admission)
		line		MAR	YLAND	Man Man	rylan	d B. COO!	Car	oline	
	b. CITY OR TOW Write RURAL	N (if outside corporal and give nearest tow	te limits, n)	c, LENGTH OF STA		c. CITY OR TOWN (If			to RURAL a	nd give nea	rest town)
_		eralsburg	De de l	6 years			deral	sburg	00	1	
				in hospital, give street	address)	d. STREET ADDRESS					RESIDENCE A FARM?
	411	Railroad A	venue	3		411 Rai	lroad	Avenue		YES	ND 🗵
3.	NAME DF DECEASED (Type or print)	BER	rst THA	EDNA EDNA	WIL	Last LIAMSON	4. DATI		1	Day 1	Year 967
5.	SEX	6. CDLDR DR RACE	7. MARE	RIED NEVER MARRI	ED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
	Female	White	WIDO			Dec. 21, 190	02	last birthday) 64 yrs.	Months D	ays Hou	rs Min.
10a	o. USUAL OCCUPAT Ing most of work House		done 10	Db. KIND OF BUSINESS O INDUSTRY Home	R	Caroline (			12. CIT	ZEN OF WENTRY?	TAT
13	FATHER'S NAM			110000		14. MOTHER'S MAID		, , , , , , , , , , , , , , , , , , , ,			
	Edwar	d Sharp					e Dear	n.			
15	. WAS DECEASED	EVER INU.S. ARMED FO	RCES?	16. SOCIAL SECURITYN	0.   17.	INFORMANT		Addres	5		
(1)	No.	(If yes give war or dates o	f service)	219-05-8828	W.	Lacey Willi	lamson	n, Federa	lsburg	, Md.	
	18. CAUSE DF	DEATH [ Enter only on	e cause i	per line for (a), (b), and (	(c).]				1	INTERVAL	BETWEEN
		EATH WAS CAUSED BY				o Commiss	on A do la			ONSET AN	D DEATH
	IMMEDIATE CAUSE (a) Carcinoma of the Cervix with										
	Conditions, If any, which \ (a) Seneralized metastasis								-	14 months	
	gave rise to	Immediate /	(0)	02102 022200	- Harris O	(41) 0 415 12	-		=	r4 III 0	11 6 110
	cause (a), si	a look									
NC	PART II OTHERS		(c)	RIBUTING TO DEATH BUT	NOT DELA	TED TO THE TERMINAL O	JOEANE CO	MOTTON CIVEN IN	DA DT 1(a)	119. WAS	AUTOPSY
CERTIFICATION	TAG II. OTTER	STORT SOMETTIC	INS COIN	KIDOTING TO DEATH BOT	NOT KELA	TED TO THE TERMINAL D	13EASE CO	NOT TORGET EN IN	TART I(d)	YES	DRMED?
CERTH	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAMINATION OF THE PROPERTY OF TH	TH VER)	b. DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature of	Injury In	Part I or Part II of	Item 18.)		
CAL	20c. TIME DF	INJURY Month, Day,	Year   20	od. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa	rm, 20f.	(City or town)	(Count	у)	(State)
MEDICAL	e Hour au pu		Wat	hile Not While at work	facto	ry, street, office bldg., et	(c.)				
	21. I certif	y that (I) (this hosp	ital) att	ended the deceased	from	May , 19	6 Mil	May 1	1 19 67	, that (I)	(we) last
	saw the deceased alive on May 11, 1967, and that death occurred a 5:55 M, from the causes and on the date stated above.										ted above.
	22a. SIGNATUI	RE / IM/	3 /	reson					22b. DAT		
	Trac	IL MED	nou	and I	M.D	. PHYS.	MED. DIRECTOR	STAFF PHYS.	May	12,19	67
	22c. PHYSICIA NAME (T)		And	erson, M.D.		22d. ADDRESS Federal	sburg	g, Marylar	nd		
238	BURIAL, CREM	MATION, 236. DATE 1	HEREOF	23c. NAME OF C		OR CREMATORY		LOCATION (City, to	The state of the state of	(y)	(State)
	KEMUYAL ISB	May 14	,196	7 Hill Cr	est (	Gemetery	Fee	deralsburg	, Mar	yland	
24	. FUNERAL DIRE	CTDB2	1.	ADDRESS		25a. REC		ISTRAR   25b. RE			E

DATMAY

1967

VR AIS (4) 20M 1/65

and war and the

THE STREET STREET

t. \_\_\_\_\_ and the state of the second

services and the

27710